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BIBDATASHEET

CONFIRMATION NO. 4659

Bib Data Sheet

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.																																			
10/063,599	05/03/2002	435	1647	10466/365																																			
APPLICANTS Audrey Goddard, San Francisco, CA; Paul J. Godowski, Hillsborough, CA; J. Christopher Grimaldi, San Francisco, CA; Austin L. Gurney, Belmont, CA; William I. Wood, Hillsborough, CA; ** CONTINUING DATA ***** This application is a CON of 10/006,867 12/06/2001 which is a CON of PCT/US00/23328 08/24/2000 which is a CIP of 09/403,297 10/18/1999 ABN which is a 371 of PCT/US99/20111 09/01/1999 which claims benefit of 60/100,684 09/17/1998 ** FOREIGN APPLICATIONS ***** None IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/20/2002 <table border="1"><thead><tr><th>Foreign Priority claimed</th><th>35 USC 119 (a-d) conditions met</th><th>Verified and Acknowledged</th><th>STATE OR COUNTRY</th><th>SHEETS DRAWING</th><th>TOTAL CLAIMS</th><th>INDEPENDENT CLAIMS</th></tr></thead><tbody><tr><td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td><td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance</td><td><input checked="" type="checkbox"/></td><td>CA</td><td>168</td><td>6</td><td>1</td></tr></tbody></table> ADDRESS 09157 TITLE Secreted and transmembrane polypeptides and nucleic acids encoding the same <table border="1"><thead><tr><th>FILING FEE RECEIVED</th><th>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</th><th></th></tr></thead><tbody><tr><td>740</td><td></td><td><input type="checkbox"/> All Fees</td></tr><tr><td></td><td></td><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td></td><td></td><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td></td><td></td><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td></td><td></td><td><input type="checkbox"/> Other _____</td></tr><tr><td></td><td></td><td><input type="checkbox"/> Credit</td></tr></tbody></table>					Foreign Priority claimed	35 USC 119 (a-d) conditions met	Verified and Acknowledged	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<input checked="" type="checkbox"/>	CA	168	6	1	FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		740		<input type="checkbox"/> All Fees			<input type="checkbox"/> 1.16 Fees (Filing)			<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)			<input type="checkbox"/> 1.18 Fees (Issue)			<input type="checkbox"/> Other _____			<input type="checkbox"/> Credit
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